Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

RATE FEE SASIC FEE SAS				FILED -		SMALL ENTITY			OTHER THAN			
### ##################################	FOR					 ,	(Column 2)		TYPE		SMALL ENTITY	
TOTAL CLAIMS	FC)K		NUMBE	RFILED	NUMBER	EXTRA	RATE	FEE	}	RATE	FEE
NULTIPLE DEPENDENT CLAIM PRESENT	ВА	SIC FEE					No. 2		345.00	OR	690.00	
MULTIPLE DEPENDENT CLAIM PRESENT	TO	TAL CLAIMS		<u> 70</u>	minus 2	20= *	50	X\$ 9=		OR	X\$18=	900
130				/	· · · · · · · · · · · · · · · · · · ·	3 = *	<i>y</i>	X39=	:	OR	X78=	3/0
CLAIMS AS AMENDED - PART II	MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	-
CColumn 3	* If	the difference	mn 1 is l	less than ze	column 2	TOTAL		OR	TOTAL	1902		
Total		CI	LAIM	S AS A	MENDED	- PART II				-		
RATE ADDI- RATE TIONAL FEE							(Column 3)	SMALL		OR	SMALL	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			REM/	AINING TER		NUMBER PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	NON		*		ļ	**	=	X\$ 9=		OR	X\$18=	
130	AME		*	N OF M			<u> </u>	X39=		OR	X78=	. }
Column 1)		FIRST PRESE	MIAIIC	IN OF MIC	JEHPLE DEI	PENDENT CLAIM		+130=		OR	, +260=	
Column 1 Column 2 Column 3					-					OR	TOTAL	
CLAIMS REMAINING AFTER ADDI-TIONAL FEE			(Coli	ımn 1)		(Column 2)	(Column 3)	AUDIT. FEE		1	AUDII. FEEI	
AFTER AMENDMENT PAID FOR EXTRA Total			CL	AIMS		HIGHEST			ADDI-			ADDI-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR TOTAL ADDIT. FEE OR ADDIT. FEE OR TOTAL FEE OR TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE OR TOTAL FEE OR TOTAL FEE OR TOTAL ADDIT. FEE		and the second	AF	TER		PREVIOUSLY		RATE	TIONAL		RATE	TIONAL
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HIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		•	· _				<u> </u>	X39=		OR	X78=	
COlumn 1) (Column 2) (Column 3) CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **ADDIT. FEE ADDIT. FEE AD		FIRST PRESE	NIAIIC	ON OF MU	JETIPLE DEI	PENDENT CLAIM		+130=			+260=	
CLAIMS REMAINING AFTER AMENDMENT Total Total **If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR		
CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** Independent * Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDI-TIONAL FEE			(Colu	umn 1)		(Column 2)	(Column 3)	ADDIT: I EE			ADDIT: 1 EE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."			CL REM. AF	AIMS AINING TER	\$1.0 kg	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE	TIONAL		RATE	TIONAL
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE	٧	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DE	PENDENT CLAIM		703=		OH	· X/0=	
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	**	f the "Highest Nur If the "Highest Nu	mber Pre mber Pre	eviously Pa eviously Pa	aid For" IN THI aid For" IN THI	S SPACE is less that S SPACE is less that	an 20, enter "20." an 3, enter "3."	ADDIT. FEE	propriete he		ADDIT. FEE	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/475 305

Total Fee Calculation											
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total			
	Sm./Lg.				Sm. Entity	Lg. Entity					
Basic Filing Fee	201/101							690			
*Total Claims >20	203/103	70 -20	- 50	χ.			19	900			
Independent Claims >3	202/102	7 -3	- 1	x			=	312			
Mult. Dep Claim Present	204/104										
Surcharge	205/105	•						130			
English Translation	139										
TOTAL FEE CALCUL	MOITA							2032			
Fees due upon filing t	he application:										
Total Filing Fees Due	= \$	····	2032								
Less Filing Fees Subn	nitted - \$		Ø .	_							
BALANCE DUE	= \$	Ö	2032	_							
Office of Initial Palent	t Examination										

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)